

Patient 1st Medical Exemption Request

The Patient 1st Program is based on the premise that patient care is best served by a medical home where a Primary Care Provider (PMP) may coordinate care. The purpose of this form is for the provider to list the reasons why a patient would not benefit from this system of care.

(Recipient's Name)

(Medicaid Number)

(Date of Birth)

Attention Physician: This section is to be completed only by the physician. Please check all blocks that apply regarding the patient's medical condition, and mail to the address below. (**Note:** At least one block should be checked, and the physician information requested below completed.)

- ☐ **Terminal Illness** (the enrollee has a six month or less life expectancy and/or is currently a hospice patient.)
- ☐ **Impaired Mental Condition** which makes it impossible for the adult enrollee to understand and participate in Patient 1st. (**Note:** This statement is not a determination of the patient's legal mental competence.)
- ☐ Currently undergoing **Chemotherapy** or **Radiation treatments**. (**Note:** Exemption for this is temporary and will end with the completion of the therapy).
- ☐ **Diagnosis/Other information:** (Specify reasons why this recipient would not benefit from having a medical home with a local PMP who would coordinate his/her care.)

(Physician Signature)

(Medicaid Provider No.)

(Date)

(Print Physician Name)

(Telephone Number)

If you have any questions or would like to apply to become a Patient 1st provider, please contact the Patient 1st Program at (334) 353-5907.

Mail completed signed forms to:

**Alabama Medicaid Agency
Patient 1st Program
501 Dexter Avenue
Montgomery, AL 36103**